

CBEDS

California Basic Educational Data System
California Department of Education

School Information Form October 2000

County:
District:
School:
CDS Code:

Original - Return to National Computer Systems for processing.

Make copies for the County Superintendent's Office and for your records as appropriate.

CBEDS

California Basic Educational Data System
California Department of Education

County:
District:
School:
CDS Code:

School Information Form
October 2000

			Male								Female								
			American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latino	African American not Hispanic	White-not Hispanic	Multiple or no response	American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latina	African American not Hispanic	White-not Hispanic	Multiple or no response	Totals
			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)
A. Number of Classified Staff - Report in whole numbers (single school districts should report classified staff only on this form)																			
1	Parapro-	Full-time																	
2	fessionals	Part-time																	
3	Office/Clerical	Full-time																	
4	Staff	Part-time																	
5	Other Classified	Full-time																	
6	Staff	Part-time																	
B. School Enrollment - In this section report enrollment on Information Day. Count each student only once.																			
7	Kindergarten																		
8	Grade 1																		
9	Grade 2																		
10	Grade 3																		
11	Grade 4																		
12	Grade 5																		
13	Grade 6																		
14	Grade 7																		
15	Grade 8																		
16	Ungraded Elementary																		
17	Grade 9																		
18	Grade 10																		
19	Grade 11																		
20	Grade 12																		
21	Ungraded Secondary																		
22	Adults in K-12 Programs*																		
23	Totals																		

* Do not include adults in Independent Study.

		Male								Female								
		American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latino	African American not Hispanic	White-not Hispanic	Multiple or no response	American Indian or Alaska Native	Asian	Pacific Islander	Filipino	Hispanic or Latina	African American not Hispanic	White-not Hispanic	Multiple or no response	Totals
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)
C. Graduates (1999-2000) - Include summer graduates (2000) but do not include students with high school equivalencies (i.e., GED or CHSPE)																		
High School Graduates																		
24	Twelfth-grade graduates																	
High School Graduates Completing all Courses Required for UC and/or CSU Entrance																		
25	Twelfth-grade graduates																	
High School Graduates Completing a Vocational Education Sequence of Courses																		
26	Twelfth-grade graduates																	
D. Enrollment in Selected High School Courses - (grades 7-12)																		
27	Intermediate Algebra/ Algebra II																	
28	Other advanced math course																	
29	Chemistry - 1st year																	
30	Physics - 1st year																	
E. Vocational Education Enrollment - (grades 9-12) - Report each student only once - do not include ROC/P																		
31	Number of students																	
F. Dropouts (1999-2000)																		
32	Grade 7																	
33	Grade 8																	
34	Grade 9																	
35	Grade 10																	
36	Grade 11																	
37	Grade 12																	

G. Alternative Education

All schools must complete this section if any type of alternative education is offered to their students. Students should be counted in each category that applies. Students reported under "Types of Programs/Educational Options" must also be reported in Section B.

Types of Programs/Educational Options		Enrollment	
		K-8	9-12
(a)		(b)	(c)
1	Continuation classes (see definition)		
2	Community/experience based		
3	Opportunity		
4	Magnet Program		
5	Pregnant/parenting (see definition)		
6	Independent Study (not adult)		
7	Other		
8	Number of graduates meeting high school requirements through Independent Study (1999-2000)	<input type="text"/>	

H. Technology

1	How many computers does the school have that are used for instructionally-related purposes? If none, enter "0".		
2	Of those computers in question number 1 above, how many have a CD-ROM? If none, enter "0". (Must be less than or equal to answer from question number 1 above.)		Check if unknown <input type="checkbox"/>
3	How many classrooms have access to the internet through at least one computer? If none, enter "0". (Must be less than or equal to answer from question number 1 above.)		
4	Of those classrooms in question number 3 above, how many are connected to a Wide Area Network (WAN)? If none, enter "0". (Must be less than or equal to answer from question number 3 above.)		Check if unknown <input type="checkbox"/>

Name of person completing form (please print)

Telephone
()

Title

Extension

I. Class Size Reduction (K-3)

For each grade level, check the option(s) in which the school participates even if only some of the students at a grade level participate. If one grade level uses both Option 1 and Option 2, check both boxes. See Administrative Manual for definitions.

Kindergarten	<input type="checkbox"/>	Option 1	<input type="checkbox"/>	Option 2
Grade 1	<input type="checkbox"/>	Option 1	<input type="checkbox"/>	Option 2
Grade 2	<input type="checkbox"/>	Option 1	<input type="checkbox"/>	Option 2
Grade 3	<input type="checkbox"/>	Option 1	<input type="checkbox"/>	Option 2

J. Educational Calendar

1. Check the type of calendar on which your school operates. A traditional calendar will be assumed if this section is not filled out.

☐ Traditional ☐ Single-track ☐ Multitrack

2. For single-track or multitrack only, check one of the year-round calendars listed below:

<input type="checkbox"/> 60/20	<input type="checkbox"/> Concept 6
<input type="checkbox"/> 60/15	<input type="checkbox"/> Modified Concept 6
<input type="checkbox"/> 90/30	<input type="checkbox"/> Custom Calendar
<input type="checkbox"/> 45/15	

K. Health Centers

☐ 1. Check here if your school has a **school-based health center (SBHC)**. See administrative manual for definition.

☐ 2. Check here if your school has a **school-linked health center (SLHC)**. See administrative manual for definition.

Certification: I hereby certify that the data reported on this form are accurate and complete.

Signature of Principal (or designee)

Date